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# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

FORM ORG

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

STATE OF HAWAII  
ETHICS COMMISSION

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HAWAII STATE ETHICS COMMISSION  
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(P.O. Box 616, Honolulu, Hawaii 96809)  
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THIS SPACE FOR OFFICE USE ONLY

For lobbying reporting period:

☐ January 1 - last day of February☒ March 1 - April 30☐ May 1 - December 31

Year of Report 20\_\_\_\_

Contact person Benjamin DahlPhone 435-615-9205 x302Organization Unspam Technologies, Inc.Mailing Address 1901 Prospector Ave. #200Park City, UT 84060**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 35.00

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	\$0.00	7. Entertainment	\$0.00
2. Media advertising	\$0.00	8. Food & beverages	\$0.00
3. Telegraph, telephone and other forms of telecommunication	\$5.00	9. Gifts	\$0.00
4. Postage	\$0.00	10. Loans	\$0.00
5. Compensation paid to lobbyists	\$30.00	11. Other disbursements	\$0.00
6. Fees (other than to lobbyists)	\$0.00	TOTAL EXPENDITURES	35.00

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyist and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Benjamin Dahl (employee of Unspam)	1901 Prospector Ave. #200, Park City, Utah 84060	\$30

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

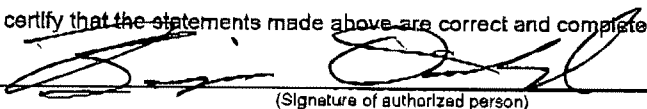
Name & Address	Amount or value

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                               |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |  |

I hereby certify that the statements made above are correct and complete to the best of my knowledge


  
 (Signature of authorized person)

 7/27/06  
 (Date)

Name of authorized person (type or print)

Benjamin Dahl

Title of authorized person

VP &amp; General Counsel